

**APPLICATION FOR REGISTRATION
OF TIME SHARE
PLAN MANAGER**

FOR OFFICE USE

Received _____
Accepted _____
Reg. No. _____

1. Name of applicant _____

2. Address _____ Phone _____

3. Applicant is: ☐ individual ☐ corporation ☐ limited liability company (LLC)
☐ partnership ☐ joint venture ☐ limited liability partnership (LLP)

<u>Name of officers/partners/members/managers</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered with the State Business Registration Division as a:

☐ corporation ☐ partnership ☐ joint venture ☐ LLC ☐ LLP

Date of registration _____

4. Responsible managing employee(s)

_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Phone</i>

NOTE: Describe duties, functions, etc., of RME(s) on a separate sheet.

5. Applicant's attorney _____
Name _____
Mailing Address (include suite no. & zip code) _____ Phone _____
6. Time share property or plan
- a. Name _____
- b. Location _____
- c. Developer _____
Name _____
Mailing Address (include suite no. & zip code) _____ Phone _____
- d. Reg. No. _____
7. Plan manager's account required under Section 16-106-33, Hawaii Administrative Rules, Time Sharing, established at _____
Name _____
Mailing Address (include suite no. & zip code) _____ Phone _____
Account No. _____ Date Established _____
8. Name and address of non-profit organization, club or association required under Section 514E-29, Hawaii Revised Statutes _____
Name _____
Mailing Address (include suite no. & zip code) _____ Phone _____
Date established _____
9. The address at which all accounting records, including but not limited to receipts, expenditures, and payment vouchers are maintained: _____
10. The following questions apply to the applicant and/or its partners, officers, directors, members, managers, real estate broker (if applicable), and RME(s):
- a. In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged in this State or in any other State? ☐ YES ☐ NO
If "yes," provide information on the date, place and type of conviction on a separate sheet.
- b. Was any license, in this State or any other state, suspended or revoked at any time? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.
- c. Is there any administrative action pending against you in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.
- d. Was any application for license denied in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

- e. Have any complaints or charges ever been filed against you, regardless of outcome,
in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I understand that any misrepresentation shall constitute grounds for refusal or subsequent revocation of license. (Section 710-1017, Hawaii Revised Statutes)

Date

signature of Applicant

Print Name and Title

APPLICATION FOR REGISTRATION OF TIME SHARE PLAN MANAGER

INSTRUCTIONS & INFORMATION

1. An applicant shall not submit this form to the Department unless the time share plan with which the applicant is affiliated has been accepted for registration by the Director.
2. The Director will not receive this application unless the applicant has completed every statement in the application and the application is accompanied by the material specified in Section 16-106-4(d), Hawaii Administrative Rules, Time Sharing.
3. The Director will act upon this application within 60 days after receipt of a complete application.
4. If the applicant is a corporation, partnership, joint venture, limited liability company (LLC), or limited liability partnership (LLP), the applicant must designate a responsible managing employee (RME).
5. Please attach payment of registration fees in the amount specified in Section 16-53-40.3, Hawaii Administrative Rules, *Fees Relating to Boards and Commissions*, as follows:

Plan Manager: \$100 application (*nonrefundable*)
 \$100 registration
 \$ 55 Compliance Resolution Fund

The above-prescribed fees shall be paid in the form of a check payable to "*Department of Commerce and Consumer Affairs.*"

6. Mail or deliver all required items to:

Time Share Program
Department of Commerce and Consumer Affairs
1010 Richards Street, P. O. Box 3469
Honolulu, Hawaii 96801

This material can be made available for individuals with special needs. Please call the Time Share Administrator at 586-2709 to submit your request.